

Hampton Police Division Applicant Background Questionnaire

This questionnaire must be clearly printed in **black ink**.

All questions must be answered if applicable. If not, indicate N/A (Not Applicable). Questionnaires that are not complete may not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, go to page 10 or attach additional sheets of the same size paper as this application. Refer to the question being answered.

CAUTION

Any willful omission or misrepresentation of fact on this questionnaire may be grounds for rejection of your application or for dismissal from city employment.

FULL LEGAL NAME: _____

HOME PHONE: () _____ WORK PHONE: () _____ CELL/PAGER: () _____

E-MAIL/WEBSITE ADDRESS: _____

OTHER NAMES USED: (Aliases, maiden name, former names changed legally or otherwise, nicknames) _____

PRESENT ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____ SSN: _____ - _____ - _____

DOB _____ CITY OF BIRTH _____ STATE OF BIRTH _____

DRIVERS LICENSE NUMBER: _____ STATE: _____ EXPIRATION _____

MILITARY SERVICE

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES, UNITED STATES OF FOREIGN? **YES / NO**

BRANCH OF SERVICE: _____ DATE OF ENTRY: _____ DATE OF DISCHARGE: _____

RANK OF ENTRY: _____ RANK AT DISCHARGE: _____ TYPE OF DISCHARGE: _____

LIST ANY DISCIPLINARY ACTIONS (Article 15's, Court Martials, NJP's, Captains Mass, etc.)

<u>DATE</u>	<u>COMMAND</u>	<u>LOCATION</u>	<u>NATURE OF CHARGE</u>	<u>DISPOSITION</u>

FAMILY DATA

MARITAL STATUS (Circle One): **SINGLE ENGAGED MARRIED SEPARATED DIVORCED**

*IF PREVIOUSLY MARRIED, PROVIDE THE SAME INFORMATION FOR ALL EX-SPOUSE(S) ON PAGE TEN.

SPOUSE NAME: _____ PHONE: () _____ SSN: _____ - _____ - _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

DOB: _____ CITY OF BIRTH: _____ STATE OF BIRTH: _____

CURRENT EMPLOYER: _____ PHONE: () _____ OCCUPATION: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

IF DIVORCED, PROVIDE THE FOLLOWING INFORMATION:

NAME OF COURT: _____ DATE OF DECREE: _____

ADDRESS OF COURT: _____ CITY: _____ ST: _____ ZIP CODE: _____

PROVIDE THE FOLLOWING FOR ALL CHILDREN WHETHER LIVING WITH YOU OR NOT:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>

LIST ANY ADDITIONAL PERSON(S) LIVING WITH YOU:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>

FAMILY BACKGROUND

YOUR FATHER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ OCCUPATION: _____

YOUR MOTHER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ OCCUPATION: _____

FATHER- IN-LAWS: _____ DATE OF BIRTH: _____

ADDRESS: _____ OCCUPATION: _____

MOTHER-IN-LAW: _____ DATE OF BIRTH: _____

ADDRESS: _____ OCCUPATION: _____

PROVIDE THE FOLLOWING INFORMATION FOR ALL BROTHERS AND SISTERS:

<u>NAME</u>	<u>ADDRESS</u>	<u>AGE</u>	<u>OCCUPATION</u>	<u>PHONE</u>

FINANCIAL STATEMENT

ARE YOU CURRENTLY MEETING YOUR FINANCIAL OBLIGATIONS? **YES / NO**

HAVE YOU EVER BEEN CONTACTED BY A COLLECTION AGENCY FOR ANY OUTSTANDING DEPT? **YES / NO**

HAVE YOU EVER HAD A REPOSESSION OR JUDGMENT? **YES / NO**

HAVE YOU EVER FILED FOR BANKRUPTCY? **YES / NO**

HAVE YOU EVER BEEN DECLARED OFFICIALLY BANCRIPT? (IF YES, EXPLAIN ON PAGE NINE) **YES / NO**

IF YES: DATE: _____ CHAPTER FILED UNDER: _____ NAME OF COURT: _____

ADDRESS OF COURT: _____ CITY: _____ ST: _____ ZIP CODE: _____

LIST YOUR CURRENT INDEPTEDNESS:

<u>AMOUNT</u>	<u>TO WHOM OWED</u>	<u>ITEMS PURCHASED</u>	<u>MONTHLY PAYMENT</u>

EMPLOYMENT

START WITH YOUR PRESENT EMPLOYER AND WORK BACK FOR THE PAST TEN YEARS. INCLUDE PERIODS OF UNEMPLOYMENT. FILL OUT IN DETAIL. GO TO PAGE TEN, IF NECESSARY.

DATE: (FROM) _____ (TO) _____

EMPLOYER: _____ PHONE NUMBER: () _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

POSITION: _____ SALARY: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

DATE: (FROM) _____ (TO) _____

EMPLOYER: _____ PHONE NUMBER: () _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

POSITION: _____ SALARY: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

DATE: (FROM) _____ (TO) _____

EMPLOYER: _____ PHONE NUMBER: () _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

POSITION: _____ SALARY: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

DATE: (FROM) _____ (TO) _____

EMPLOYER: _____ PHONE NUMBER: () _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

POSITION: _____ SALARY: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

DATE: (FROM) _____ (TO) _____

EMPLOYER: _____ PHONE NUMBER: () _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

POSITION: _____ SALARY: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

LEGAL HISTORY

AS AN ADULT OR JUVENILE, HAVE YOU EVER? (Please Circle)

- | | |
|--|----------|
| 1. BEEN ARRESTED, CHARGED OR INDICTED WITH ANY CRIMINAL OFFENSE? | YES / NO |
| 2. BEEN CONVICTED OF ANY CRIMINAL CHARGE, WHETHER FELONY OR MISDEMEANOR? | YES / NO |
| 3. BEEN DETAINED FOR QUESTIONING IN CONNECTION TO A CRIMINAL ACT, EVEN IF NOT CHARGED? | YES / NO |
| 4. BEEN REQUIRED TO FURNISH BAIL OR BOND FOR AN APPEARANCE IN ANY COURT? | YES / NO |
| 5. RECEIVED A TRAFFIC TICKET OR SUMMONS FOR ANY VIOLATION OF TRAFFIC LAWS? | YES / NO |
| 6. BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? | YES / NO |
| 7. HAD YOUR LICENSE SUSPENDED OR REVOKED? | YES / NO |

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, COMPLETE THE FOLLOWING:

<u>DATE</u>	<u>CHARGE/VIOLATION</u>	<u>CITY, STATE</u>	<u>FINAL DISPOSITION</u>

TO THE BEST OF YOUR KNOWLEDGE, HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE? IF SO, PROVIDE THE FOLLOWING INFORMATION:

<u>DATE</u>	<u>NAME</u>	<u>RELATION</u>	<u>OFFENSE</u>	<u>CITY, STATE</u>

HAVE YOU EVER BEEN THE VICTIM OF A CRIME THAT WAS REPORTED TO AUTHORITIES? IF SO, EXPLAIN BELOW. INCLUDE THE DATE, CRIME, JURISDICTION AND DISPOSITION.

CAUTION: THE USE OF ANY ILLEGAL DRUG OR SUBSTANCE WILL NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, WILLFUL CONCEALMENT OF THE USE MAY BE GROUNDS FOR REJECTION OF YOUR APPLICATION, OR FOR DISMISSAL FROM CITY EMPLOYMENT.

HAVE YOU EVER USED OR EXPERIMENTED WITH ANY ILLEGAL DRUG OR SUBSTANCE SUCH AS, BUT NOT LIMITED TO THE FOLLOWING? (Circle your answers) **YES / NO**

MARIJUANA STERIODS HEROIN LSD SPEED COCAINE PCP HASHISH EXTACY

LIST ANY OTHER DRUG OR SUBSTANCE USED, TO INCLUDE HALLUCINOGENS, EXOTIC DRUGS, AND MISUSE OF PRESCRIPTION DRUGS:

IF YOU USED ANY OF THE ABOVE, PROVIDE THE CIRCUMSTANCES BELOW. INCLUDE THE FIRST AND LAST TIMES USED, THE EXTENT AND FREQUENCY USED, AND THE WAY IT WAS OBTAINED.

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY FIRE, RESCUE, OR LAW ENFORCEMENT AGENCY OR DEPARTMENT? **YES / NO** IF YES, PROVIDE THE FOLLOWING INFORMATION:

DATE AGENCY AND ADDRESS STATUS OF APPLICATION PHONE NUMBER

LIST ANY CLUBS, SOCIAL OR FRATERNAL ORGANIZATIONS, PROFESSIONAL TRADE UNIONS OR ASSOCIATIONS WHICH YOU CURRENTLY BELONG TO OR HAVE PREVIOUSLY BEEN A MEMBER OF.

LIST ANY VOLUNTEER WORK, TO INCLUDE YOUTH GROUP ACTIVITIES, MARCH OF DIMES, SCOUT LEADERSHIPS, CHURCH, FIRE AND RESCUE, BIG BROTHERS/BIG SISTERS, ETC.

DO YOU HAVE ANY RELATIVES, FRIENDS, OR ACQUAINTANCES EMPLOYED BY ANY LAW ENFORCEMENT AGENCY OR FIRE AND RESCUE DEPARTMENT? IF SO, PROVIDE THE FOLLOWING INFORMATION:

<u>NAME</u>	<u>RANK</u>	<u>RELATIONSHIP</u>	<u>AGENCY/ADDRESS</u>	<u>PHONE NUMBER</u>

EDUCATION

LIST ALL HIGH SCHOOLS, COLLEGES, AND PROFESSIONAL TRADE SCHOOLS ATTENDED:

<u>START</u>	<u>FINISH</u>	<u>NAME OF SCHOOL/ADDRESS</u>	<u>MAJOR</u>	<u>DEGREE</u>	<u>GRADUATE?</u>

LIST ANY SPECIAL TRAINING, LICENSE(S), PERMIT(S) OR OTHER LANGUAGES. INCLUDE THOSE THAT MAY HAVE EXPIRED.

ADDRESS SHEET

LIST YOUR ADDRESSES FROM THE LAST FIFTEEN YEARS. IF YOU HAVE SERVED IN THE ARMED FORCES, LIST YOUR DUTY STATIONS. START WITH YOUR PRESENT ADDRESS AND WORK BACK.

FROM: _____ TO: _____ ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

FROM: _____ TO: _____ ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

FROM: _____ TO: _____ ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

FROM: _____ TO: _____ ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

FROM: _____ TO: _____ ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

FROM: _____ TO: _____ ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

FROM: _____ TO: _____ ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

FROM: _____ TO: _____ ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PERSONAL REFERENCES

LIST AT LEAST SIX PERSONAL REFERENCES, NOT INCLUDING RELATIVES OR PRESENT NEIGHBORS.

NAME: _____ OCCUPATION: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____ RELATIONSHIP: _____

NAME: _____ OCCUPATION: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____ RELATIONSHIP: _____

NAME: _____ OCCUPATION: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____ RELATIONSHIP: _____

NAME: _____ OCCUPATION: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____ RELATIONSHIP: _____

NAME: _____ OCCUPATION: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____ RELATIONSHIP: _____

NAME: _____ OCCUPATION: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____ RELATIONSHIP: _____

NAME: _____ OCCUPATION: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____ RELATIONSHIP: _____

NAME: _____ OCCUPATION: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____ RELATIONSHIP: _____

FORM NO. 420-34 REV 11/00

[illegible]

IF OTHER, PLEASE STATE _____

PLEASE EXPLAIN WHY, IN YOUR OWN HANDWRITING.

[illegible]

AFFIDAVIT

APPLICATION AND FOR DISMISSAL FROM CITY EMPLOYMENT.

FORM NO.420-34 REV 11/00